

CLAIMS ONLY

Application Number

10/664,639

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED 6-30-06		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
3						
4						
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47						
48						
49						
50						
Total Indep						
Total Depend						
Total Claims						

CLAIMS	6-30-06					
	Indep	Depend	Indep	Depend	Indep	Depend
51						
52						
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92		/				
93		/				
94		/				
95	/	/				
96		/				
97		/				
98		/				
99		/				
100						
Total Indep						
Total Depend						
Total Claims						

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/664639 FILING DATE _____
APPLICANT(S) _____

6-30-06

CLAIMS

1 cont

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
101						
102						
103						
104						
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149						
150						
TOTAL IND.	3	↓		↓		↓
TOTAL DEP.	12	←		←		←
TOTAL CLAIMS	15					

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
151						
152						
153						
154						
155						
156						
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200						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						